

## **Document 2d**

TRT-NER-2004-01120

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008 EXPIRES 3-31-91
1. Submit To Appropriate Federal Agency: <b>REGIONAL COUNSEL, NORTHEAST REGIONAL OFFICE U.S. CUSTOMS HOUSE - 7TH FLOOR 2ND &amp; CHESTNUT STREETS PHILADELPHIA, PA. 19106</b>		2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code) <b>Anthony Allen 404 28053 P.O. Box 8603 Bradford Pa 16701</b>		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN	4. DATE OF BIRTH <b>3/2/64</b>	5. MARITAL STATUS <b>MARRIED</b>	6. DATE AND DAY OF ACCIDENT <b>12/2002 - Present</b>	7. TIME (A.M. OR P.M.) <b>24/7</b>
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.) <b>The unprecedented amount of Secondhand Smoke (ETS) in FCI-McKean have caused me to suffer and may cause me to suffer in the future bronchogenic carcinoma or lung cancer of all types; chronic obstructive-pulmonary disease of all types, including emphysema, chronic bronchitis, and reversible airway obstruction; cardiovascular disease including irreversible hardening of the arteries (atherosclerosis) and its consequences, including myocardial infarction (heart attack); cerebrovascular accident (stroke), peripheral vascular diseases, aneurysm/other conditions; cancers of the kidney, bladder, brain, larynx, oral cavity, esophagus, pancreas, stomach, cervix, breast and other organs; impairment of lung function; Peptic ulcer, tuberculosis, dizziness, other ailments.</b>				
9. <b>PROPERTY DAMAGE</b> NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code) <b>N/A</b> BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.) <b>N/A</b>				
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b> STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. <b>SEE ABOVE</b>				
11. <b>WITNESSES</b> NAME ADDRESS (Number, street, city, State, and Zip Code) <b>N/A N/A</b>				
12. (See instructions on reverse) <b>AMOUNT OF CLAIM (in dollars)</b>				
12a. PROPERTY DAMAGE <b>N/A</b>	12b. PERSONAL INJURY <b>\$5 million</b>	12c. WRONGFUL DEATH <b>N/A</b>	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) <b>\$5 million</b>	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM				
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) <b>Anthony Allen</b>		13b. Phone number of signatory <b>N/A</b>	14. DATE OF CLAIM <b>12/10/03</b>	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729J)		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)		



## U.S. Department of Justice

Federal Bureau of Prisons

Northeast Regional Office

U.S. Custom House - 7th Floor  
2nd & Chestnut Streets  
Philadelphia, PA. 19106

December 19, 2003

Anthony George Allen, Register No. 40428-053  
USMCFP Springfield  
P.O. Box 4000  
Springfield, MO 65801

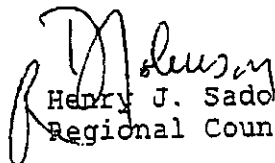
Re: Administrative Tort Claim Dated December 10, 2003  
Claim No. TRT-NER-2004-01120

Dear Mr. Allen:

This office is in receipt of your tort claim in which you seek to be compensated in the amount of \$5 million for alleged personal injury suffered at FCI McKean from December 2002 - present. This claim was received in this office on December 16, 2003. This tort claim is rejected because there does not appear to be any allegations concerning an employee of the Bureau of Prisons. If you are making such an allegation, please provide more specific information regarding the location, date and facts concerning the alleged acts.

Accordingly, I am returning your claim for such action as you deem appropriate. If you wish to resubmit your claim with the above-noted information included, we will consider your request for administrative settlement.

Sincerely,

  
Henry J. Sadowski  
Regional Counsel

Enclosure

cc: File